

STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**  
 STD 262 (REV 6/93)

See Instructions and \*Privacy  
 Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Phyllis W. Cheng		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT DFEH	
POSITION Director	CB/ID NUMBER Exempt	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 2218 Kausen Drive			TELEPHONE NUMBER 916-478-7250
CITY [REDACTED]	STATE CA	ZIP CODE [REDACTED]	CITY Elk Grove	STATE CA	ZIP CODE 95758

(1)MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., LT N/C.RELO OR DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE-CAR-USE			
DATE	TIME										MILES	AMOUNT		
01/07	1100-1430	Sacramento								7.50				7.50
01/11	0500-1800	San Diego					52.20	R						52.20
							2.50	B						2.50
01/13	0900-1700	Sacramento								18.00				18.00
01/14	0800-1230	Sacramento								12.00				12.00
01/19	0900-1700	San Francisco					19.80	R						19.80
							4.05	B						4.05
01/22	1200-1400	Los Angeles					5.00	B						5.00
01/25	900-1200	Los Angeles												
01/26	1300-1700	Sacramento								6.00				6.00
01/29	0800-1700	Los Angeles					2.50	B						2.50
(10) SUBTOTALS							86.05			43.50				129.55
COLUMN CODE (ACCTG USE ONLY)														

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required)

All airfare paid by employee at her own private expense.

1/7: Speaker at Caltrans EEO meeting

1/11: San Diego County Bar Association - keynote speaker

1/13: Executive planning meeting; 1/14: Meetings at Agency

1/19: State Bar Assn - fair housing & public accommodation meeting; rose back w/Billotti

1/22: L.A. Office visit; CELA meeting; Mtg w/Employment Roundtable

1/25: Mtg w/Gary Blasi re UCLA-RAND study; 1/26: Mtg w/DGS at Agency re IT services

1/29: Mtg Paula Pearlman, Disability Rights Legal Center

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

(12) NORMAL WORK HOURS

0800-1700

(13) PRIVATE VEHICLE LICENSE NBR.

6ATW241

(14) MILEAGE RATE CLAIMED

.5

AGENCY ACCOUNTING OFFICE  
 USE ONLY

PAID BY REVOLVING FUND CHECK NBR.

CLAIMANT'S SIGNATURE

[REDACTED]

DATE

2/4/10

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

[REDACTED]

DATE

2/10/10

(17) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]

DATE